



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                      |                        |                        |
|--|----------------------|------------------------|------------------------|
| TRANSMITTAL FORM<br><br>(to be used for all correspondence after initial filing) | Application Number   |                        | 10/645,191             |
|  | Filing Date          |                        | August 21, 2003        |
|  | First Named Inventor |                        | James J. LANDI, et al. |
|  | Art Unit             |                        | 3765                   |
|  | Examiner Name        |                        |                        |
| Total Number of Pages in This Submission   | 3                    | Attorney Docket Number | SC-XO-102/501214.20004 |

### ENCLOSURES (Check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) 2 Replacement Sheets<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div> | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input checked="" type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|---|

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Stephen M. Chin, Reg. No. 39,938<br>REED SMITH LLP |
| Signature               |  |
| Date                    | April 23, 2004                                     |

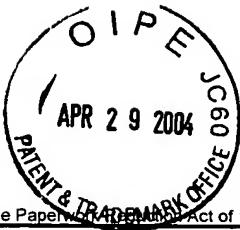
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| Typed or printed name | Danielle Johnson    |
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PTO/SB/82 (09-03)

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CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                        |
|------------------------|------------------------|
| Application Number     | 10/645,191             |
| Filing Date            | August 21, 2003        |
| First Named Inventor   | James J. LANDI, et al. |
| Art Unit               | 3765                   |
| Examiner Name          |                        |
| Attorney Docket Number | SC-XO-102/501214.20004 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 026418

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 026418

OR

|  |                                  |       |              |     |
|--|----------------------------------|-------|--------------|-----|
| <input checked="" type="checkbox"/> Firm or<br>Individual Name | Stephen M. Chin, Esq.            |       |              |     |
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

|           |                           |           |                |
|-----------|---------------------------|-----------|----------------|
| Name      | James J. Landi, President |           |                |
| Signature |                           |           |                |
| Date      | 4-11-04                   | Telephone | (908) 408-5200 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.

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